Congressional Research Service

Memorandum July 31, 2008

TO: The Honorable Carolyn Maloney
Attention: Anna Cielinski

FROM: Sarah A. Lister
Celinda Franco
Domestic Social Policy Division

SUBJECT: **Revised Summary of H.R. 6594, the James Zadroga 9/11 Health and Compensation Act of 2008**

Per your request, provisions of **H.R. 6594**, the *James Zadroga 9/11 Health and Compensation Act of 2008*, are summarized in this memorandum. This memorandum does not provide analysis of the summarized provisions. Unless otherwise stated, all references to subtitles or sections refer to subtitles or sections as established by this Act, such as subtitles or sections established by Title I in a new Title XXX of the Public Health Service Act. *This memorandum supercedes one provided to you yesterday.* Please contact Sarah Lister at 7-7320 with questions regarding Title I, and Celinda Franco at 7-7360 with questions regarding Title II.

Introductory Material

Section 1. Short Title and Table of Contents

Section 2. Findings

Section 3 designates amounts appropriated pursuant to this Act — other than amounts appropriated for the World Trade Center (WTC) Health Program Steering Committees and for the WTC Health Program Scientific/Technical Advisory Committee — as emergency spending.[1]

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[1] Pursuant to § 204(a) of S.Con.Res. 21 and § 301(b)(2) of S.Con.Res. 70 (both in the 110th Congress), the concurrent resolutions on the budget for fiscal years 2008 and 2009.

Title I. World Trade Center Health Program

Section 101 establishes the WTC Health Program as a new Title XXX in the Public Health Service Act, as follows:

Subtitle A. Establishment of Program; Steering and Advisory Committees

Section 3001 establishes the *World Trade Center Health Program* (the WTC Program) within the Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH), to provide medical monitoring and treatment benefits to: eligible emergency responders and recovery and clean-up workers (including federal employees) who responded to the terrorist attacks on the WTC in New York City (NYC) on September 11, 2001 (9/11); and residents and other building occupants and area workers in NYC who were affected by such attacks. The Director of NIOSH or his or her designee shall serve as the WTC Program Administrator (the Administrator).

The WTC program includes the following components:

- *Medical monitoring* under sections 3011 and 3021, without any cost-sharing by the eligible beneficiary, including screening, clinical examinations, and long-term health monitoring for individuals who were likely to have been exposed to airborne toxins that were released as a result of the 9/11 terrorist attacks on the WTC;
- Provision under sections 3012, 3022 and 3023 for *treatment* and *payment*, without any cost-sharing by the eligible beneficiary, for all medically necessary health and mental health care expenses (including necessary prescription drugs) of individuals with a WTC-related health condition;
- Establishment under section 3004 of a program of *outreach* to potentially eligible individuals concerning the benefits under this title;
- Collection under section 3005 of health and mental health data on individuals receiving monitoring or treatment benefits, using a *uniform system of data collection*;
- Establishment under subtitle C of a *research program* on health conditions resulting from the 9/11 terrorist attacks on the WTC.

All costs of covered medical monitoring and treatment services for eligible individuals shall be paid for by the WTC Program except for any costs that are paid by a workers' compensation program or health insurance plan. Payment for *treatment* of a WTC-related health condition (as defined in section 3012(a)) that is *work-related* shall be reduced or recouped by any amounts paid under a workers' compensation law or plan for such treatment. A WTC-related condition is considered work-related if it is diagnosed in an eligible WTC responder, or in an individual who qualifies as an eligible WTC resident or other non-responder on the basis of being a rescue, recovery, clean-up worker, or area worker.

For eligible beneficiaries who have health insurance coverage and have been diagnosed with a WTC-related condition that is *not work-related*, the WTC Program shall be a secondary payor of *all* uninsured costs (such as co-pays and deductibles) related to services covered by the WTC program, to the extent that the plan has an arrangement with the health care provider or facility allowing such payment. The Clinical Center of Excellence (in the WTC Program, as established in section 3006) that provides services covered by the WTC program shall bill the applicable health plan for any such services the plan covers. If the plan refuses to make payments for which it is responsible, the Administrator shall seek to recover such payments. The Clinical Center of Excellence may bill the federal government for remaining uninsured costs (such as co-pays or deductibles) for services covered by the WTC program.

The Administrator is required to (1) work with the Centers of Excellence to establish a quality assurance program for medical monitoring and treatment services provided by the WTC Program; and (2) establish a program, similar to that for the Medicare program, to review WTC Program expenditures in order to detect fraud, billing errors, and payments for inappropriate services.

The Administrator is required annually, following each fiscal year, to report to Congress with respect to three separate clinical programs in the WTC Program, namely the programs serving (1) FDNY responders, as defined in section 3009; (2) other eligible WTC responders; and (3) eligible WTC residents and other non-responders. With respect to each clinical program, the annual report shall include information regarding:

(1) the number of individuals who applied for certification under subtitle B, and the number who were certified;
(2) the number of certified individuals who received medical monitoring and/or treatment services;
(3) for those treated, the WTC-related health conditions for which they were treated;
(4) a projected number of individuals who would be certified in the subsequent fiscal year;
(5) the costs of monitoring and treatment services provided in the applicable fiscal year, and estimated costs for the subsequent fiscal year;
(6) an estimate of the costs paid or reimbursed by workers' compensation plans, health plans, or the City of New York under section 3012(c)(4);
(7) administrative costs, including program support, data collection and analysis, and research;
(8) information on program performance;
(9) a summary of new scientific reports or findings regarding WTC-related health effects; and
(10) a list of recommendations of the WTC Health Program Scientific/Technical Advisory Committee, and actions by the Administrator in response.

The Administrator shall promptly notify the Congress if the number of certifications of eligible WTC responders, or of eligible WTC residents or other non-responders, reaches 80% of the certification limits for either group, as established under sections 3011(a)(5) or 3021(a)(5), respectively.

Section 3002 requires the Administrator to establish the WTC Health Program Scientific/Technical Advisory Committee (the Advisory Committee), subject to the Federal Advisory Committee Act, to review scientific and medical evidence, and to make recommendations to the Administrator on additional WTC Program eligibility criteria and on additional WTC-related health conditions. Establishes committee membership, and requirements for meetings and for reports on a public website. The Advisory Committee shall continue in operation during the period in which the WTC Program is in operation. Authorizes the appropriation of such sums as may be necessary, up to $100,000, for each fiscal year beginning with FY2009.

Section 3003 requires the Administrator to establish two WTC Program steering committees — the WTC Responders Steering Committee, and the WTC Community Program Steering Committee — to facilitate the coordination of medical monitoring and treatment programs for eligible WTC responders (under part 1 of subtitle B), and residents and other non-responders (under part 2 of subtitle B). Neither committee would be subject to the Federal Advisory Committee Act. For each committee, requirements and procedures are established for membership, management of vacancies, and quarterly meetings (some of which shall be held jointly by the two committees). The committees shall continue in operation during the period in which the WTC Program is in operation.

Section 3004 requires the Administrator to establish a program to provide education and outreach regarding services available under the WTC Program. The program shall include the development of a public website, the use of culturally and linguistically diverse content, and the use of community partnerships in conducting outreach.

Section 3005 requires the Administrator to provide for the uniform collection, analysis and reporting of data, consistent with applicable privacy requirements, on the utilization of monitoring and treatment benefits provided throughout the WTC Program (regardless of the location at which services are provided), the prevalence of WTC-related health conditions, and the identification of new WTC-related health conditions. Clinical Centers of Excellence shall collect and report such data to the corresponding Coordinating Center of Excellence (as established in section 3006) for analysis.

Section 3006 requires the Administrator to establish, by entering into contracts, Clinical Centers of Excellence and Coordinating Centers of Excellence. Specific Clinical Centers of Excellence and Coordinating Centers of Excellence are termed *corresponding* if they serve the same population.

Clinical Centers of Excellence shall provide: monitoring and treatment benefits under subtitle B; outreach activities and benefits counseling to eligible individuals; translational and interpretive services for eligible individuals, if needed; and collection and reporting of data to the corresponding Coordinating Center. Clinical Centers are defined as: (1) the Fire Department of the City of New York (FDNY) or its contractors, for responders in its employ when responding to the 9/11 attacks and currently residing in the New York metropolitan area, as defined in section 3009; (2) for other eligible WTC responders who reside in the New York metropolitan area, the Mt. Sinai coordinated consortium, Queens College, State University of New York at Stony Brook, University of Medicine and Dentistry of New Jersey, and Bellevue Hospital; (3) for WTC residents and other non-responders who reside

in the New York metropolitan area, the WTC Environmental Health Center at Bellevue Hospital and such hospitals or other facilities, including, but not limited to, those within the New York City Health and Hospitals Corporation, as identified by the Administrator; and (4) for all eligible WTC responders and non-responders, such other hospitals or other facilities as are identified by the Administrator, but the Administrator shall limit the number of these additional Clinical Centers to ensure that they have adequate experience in the treatment and diagnosis of identified WTC-related medical conditions.

The Administrator shall not enter into a contract with a Clinical Center unless such clinic: (1) establishes a formal mechanism for consultation with the eligible population groups that it serves; (2) provides for the coordination of covered monitoring and treatment benefits with medical care provided for non-WTC-related health conditions; and (3) collects and reports program data to its corresponding Coordinating Center.

Coordinating Centers of Excellence shall provide: data analysis and reporting to the Administrator; development of medical monitoring and treatment protocols for WTC-related conditions; coordination of outreach activities; processing of provider certification applications under sections 3011 and 3021; criteria for the credentialing of providers in the national clinical network established under section 3031; and coordination and administration of the activities of the steering committees. Coordinating Centers are defined as: (1) for the FDNY program, the Fire Department of the City of New York; (2) for other eligible WTC responders, the Mt. Sinai coordinated consortium (as defined in section 3009); and (3) for WTC residents and other non-responders, the WTC Environmental Health Center at Bellevue Hospital.

Medical providers credentialed by the Administrator for participation in the national program established under section 3031 shall be selected on the basis of their experience treating or diagnosing identified WTC-related conditions, as defined in sections 3012 and 3022.

Clinical or Coordinating Centers are entitled to payment to carry out required activities. Centers shall be reimbursed for required or contracted *non-monitoring* and *non-treatment costs* (such as outreach and data collection activities) as follows:

- For the FDNY Clinical Center and Clinical Centers serving other eligible responders, in the first year of the program, $900 per treatment participant, and $400 per monitoring participant. For subsequent years, rates revised by the Administrator to reflect medical care inflation.
- For Clinical Centers serving WTC residents and other non-responders in New York: for eligible participants in a medical treatment program enrolled at a non-hospital-based facility, $900 per participant; and, for those enrolled at a hospital-based facility, two-thirds of that amount (i.e., $600).
- For other Clinical Centers and other providers not described above, and Coordinating Centers, rates to be set by the Administrator.

The Administrator shall conduct a review of rates before the end of the fifth contract year, and may, by rule, modify rates, beginning in the sixth contract year. Thereafter, the Administrator shall conduct periodic reviews of rates, and make modifications accordingly.

Section 3007 authorizes the Secretary of Health and Human Services (HHS) to establish comparable monitoring, treatment and research programs with respect to the terrorist attack at the Pentagon on September 11, 2001.

Section 3008. For payment for monitoring and treatment services under Subtitle B, and the costs of non-treatment and non-monitoring activities under section 3006(c), the Act provides a permanent and indefinite appropriation. That is, it would authorize the payment of funds without further legislative action (i.e., without separate enactment of budget authority in a subsequent appropriations act). Moreover, the total amount of payments would not be limited to a specific dollar amount. Such an appropriation is referred to as direct spending, or mandatory spending.[2]

Section 3009 provides definitions for Title I.

Subtitle B. Program of Monitoring and Treatment

Part 1. For WTC Responders.

Section 3011 defines eligibility criteria for WTC responders. Criteria include specified types of workers, work locations and time frames. The Administrator, in consultation with the Coordinating Centers, shall establish an application process to determine the eligibility of individuals for monitoring and treatment benefits. There is no application fee. *Responders previously identified* as eligible under the current consortium arrangements are deemed eligible and need not apply. The WTC responder program is limited to 35,000 *new* eligible responders, in addition to those previously identified. The Administrator shall review applications in the order received, make a determination regarding applications within 60 days of their filing, and, when making such a determination, certify that the individual is eligible. The Administrator shall not deny certification unless individual eligibility criteria have not been met, or the WTC responder program limit has been met. The monitoring benefit is defined as screening, clinical examinations, and long-term health monitoring and analysis, to be provided by the FDNY, the appropriate Clinical Center, or other clinic established under section 3031 for eligible individuals outside New York.

Section 3012 defines a *WTC-related health condition*, for which eligible responders shall receive the treatment benefit, as:

> ...an illness or health condition for which exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the September 11, 2001, terrorist attacks on the World Trade Center, based on an examination by a medical professional with experience in treating or diagnosing the medical conditions included in the applicable list of identified WTC-related conditions, is substantially likely to be a significant factor in aggravating, contributing to, or causing the illness or health condition,....

or

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[2] Based on an analysis of comparable language, previously provided to you in a memorandum by William Heniff, "Budget-related Procedural Issues Relevant to the Consideration of H.R. 3543, the James Zadroga 9/11 Health and Compensation Act of 2007," dated November 8, 2007.

> a mental health condition for which such attacks, based on an examination by a medical professional with experience in treating or diagnosing the medical conditions included in the applicable list of identified WTC-related conditions, is substantially likely be a significant factor in aggravating, contributing to, or causing the condition,....

An *identified WTC-related condition* is one of many listed aerodigestive, mental health, and muskuloskeletal conditions for which coverage of medically necessary treatment will be provided, so long as it is determined that any such condition (or conditions) in a given eligible responder is WTC-related.

Whether a responder has an identified WTC-related condition or a condition not on that list, the determination of whether that individual's condition is WTC-related is made by the Administrator based on an assessment of the individual's potential hazardous exposures resulting from the terrorist attack, and the type and timing of symptoms, using a standardized questionnaire approved by the Director of NIOSH, and interpreted by an experienced medical professional. Any symptoms shall be assessed through medical examination.

If a physician at a Clinical Center that is providing monitoring benefits for an eligible WTC responder determines that the responder has an *identified WTC-related health condition*, and that the condition in that individual is WTC-related, the physician shall promptly transmit that determination and supporting evidence to the Administrator. Such determinations shall be reviewed by the Administrator or his or her designee, and the Administrator shall provide certification of coverage for the condition unless he or she determines that the responder's condition is not an identified WTC-related health condition, or that it was not WTC-related in that individual. Upon the Administrator's certification of coverage, the WTC Program shall provide for payment of the costs of medically necessary treatment for such condition. Otherwise, the Administrator shall provide a process for the appeal of determinations in which certification is denied.

If a physician at a Clinical Center that is providing monitoring benefits for an eligible WTC responder determines that the responder has a WTC-related health condition that is *not an identified WTC-related health condition*, the physician shall promptly transmit that determination and supporting evidence to the Administrator. The Administrator shall provide for the review of such determinations by a physician panel and, based on the panel's recommendation, provide certification of coverage for the condition unless the Administrator determines that the condition is not WTC-related. Upon the Administrator's certification of coverage, the WTC Program shall provide for payment of the costs of medically necessary treatment for such condition. Otherwise, the Administrator shall provide a process for the appeal of determinations in which certification is denied.

The Administrator shall develop a public process by which additional *identified WTC-related health conditions* may be added to the list, in response to applications from any individual or organization. The process shall involve consultation with the WTC Responders Steering Committee and the Advisory Committee. In making determinations on such applications, the Administrator shall give deference to the findings and recommendations of Clinical Centers published in peer reviewed journals. The Administrator shall add an illness or health condition to the list of identified WTC-related health conditions if, upon the required review, he or she determines that exposure to airborne toxins, other hazards, or

other adverse conditions resulting from the terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the illness or health condition.

The determination of whether treatment is *medically necessary* for a WTC-related health condition shall be made by physicians at the appropriate Clinical Center, considering treatment protocols established under this section. Covered treatment services include physician services, diagnostic and laboratory tests, inpatient and outpatient prescription drugs, inpatient and outpatient hospital services, and other medically necessary treatment. WTC responders who are currently receiving treatment but have not yet been evaluated for eligibility, or enrolled in the monitoring program, shall continue to receive treatment services while such application is pending.

The Administrator shall set rates for reimbursement of the costs of medical monitoring benefits provided under this title. For medically necessary treatment for WTC-related conditions provided in a facility for which a payment rate is established under the Medicare program, the Administrator shall reimburse costs at 115% of the applicable Medicare rate for treatment provided by a hospital or an ambulatory care facility, or 130% of that rate for other treatment. The Administrator shall establish a program, through competitively-bid contracts with outside vendors, to pay for medically necessary outpatient prescription pharmaceuticals prescribed for treatment of WTC-related conditions, and shall select the lowest bidder or bidders that meet(s) program requirements. The Administrator may select a different vendor to serve the FDNY responder program, if he or she deems it necessary and beneficial. For any services not covered above, the Administrator shall designate a reimbursement rate for each such service based upon the rates of reimbursement specified in the preceding subparagraphs.

The WTC Program Administrator is authorized to enter into arrangements with other government agencies, insurance companies, or other third-party administrators to provide for timely and accurate processing of claims under this section.

For any covered treatment services provided to eligible individuals by a Clinical Center within the New York City Health and Hospitals Corporation for a fiscal year, reimbursement by the WTC Program shall be reduced by 5 percent. The reduction shall be applied to the balance of costs remaining after any payments made by a workers' compensation program and/or a health insurance plan, under section 3001(d).

The Coordinating Centers shall develop medical treatment protocols for the treatment of presumed WTC-related health conditions, and the Administrator shall approve the treatment protocols, in consultation with the WTC steering committees.

Part 2. Community Program.

Section 3021 defines WTC residents and non-responders who are potentially eligible for the health monitoring and treatment benefit. Criteria include specified types of individuals; locations of residence, work or schooling; and time frames. Individuals currently receiving treatment at the World Trade Center Environmental Health Center operated by the New York City Health and Hospitals Corporation are eligible. Individuals who are eligible for WTC responder benefits are excluded. The Administrator shall, within

90 days, establish eligibility criteria to be applied to individuals in the defined groups who had sufficient exposure to hazards, providing that he or she: (1) takes into account the period and, to the extent feasible, intensity of exposure to airborne toxins, other hazards, or other adverse conditions; (2) bases such criteria on best available evidence of exposure and related adverse health effects; and (3) consults with the WTC Community Program Steering Committee, the Coordinating Centers, and affected populations.

The Administrator, in consultation with the Coordinating Centers, shall establish an application process to determine the eligibility of individuals for monitoring and treatment benefits in the community program. There is no application fee. The WTC community program is limited to 35,000 *new* eligible residents and non-responders, in addition to those currently receiving monitoring and treatment services. The Administrator shall review applications in the order received, make a determination regarding applications within 60 days of their filing, and, when making such a determination, certify that the individual is eligible. The Administrator shall not deny certification unless individual eligibility criteria have not been met, or the WTC community program limit has been met. The monitoring benefit is defined as screening, clinical examinations, and long-term health monitoring and analysis, to be provided by a Clinical Center, according to protocols approved by the Administrator after consultation with the World Trade Center Environmental Health Center at Bellevue Hospital and the WTC Community Program Steering Committee.

Section 3022 establishes that, in general, treatment of WTC-related health conditions shall be provided to eligible WTC residents and other non-responders in the same manner as such provisions apply to the treatment of WTC-related health conditions for eligible WTC responders under section 3012. The bill lists a number of *identified WTC-related conditions for WTC residents and other non-responders,* including aerodigestive, mental health, and muskuloskeletal conditions. New conditions may be added to the list in accordance with the process established under section 3012 for the responder program.

Section 3023 establishes that treatment services shall be provided through the community program to individuals who are not responders and who do not meet the eligibility criteria for the community program, for any such individual who is diagnosed at a Clinical Center with an identified WTC-related condition for WTC residents and other non-responders. Treatment for such individuals shall be provided regardless of location or residence. The Administrator shall limit the total amount of benefits provided to such individuals in a given fiscal year so that program payments for that year don't exceed $20 million for FY2009, and, for subsequent years, that amount adjusted by the annual percentage increase in the medical care component of the consumer price index for all urban consumers.

Part 3. National Arrangement for Benefits for Eligible Individuals Outside New York.

Section 3031 requires the Administrator to establish a nationwide network of health care providers to provide monitoring and treatment benefits to eligible individuals who reside outside the New York metropolitan area (as defined), near such individuals' areas of residence, or to establish a mechanism for these individuals to be reimbursed for the cost of monitoring or treatment. Any provider participating in this network shall: meet criteria for

credentialing established under section 3006; follow monitoring and treatment protocols established under section 3006; and collect and report data in accordance with section 3005. Eligible individuals who reside outside the New York metropolitan area may also receive monitoring and treatment benefits through a Clinical Center.

Subtitle C. Research Into Conditions

Section 3041 requires the Administrator to develop a research program on physical and mental health conditions that may be related to the 9/11 terrorist attacks (and, if needed, on their diagnosis and treatment), in consultation with the WTC Advisory Committee and steering committees, and subject to applicable privacy and human research subjects protections. The research program shall include epidemiologic studies on WTC-related conditions, including controlled studies on specified less-exposed populations. The Administrator shall report annually to Congress regarding the research program. The appropriation of $15 million is authorized for each fiscal year, in addition to any other authorizations of appropriations that are available for such purpose.

Subtitle D. Programs of the New York City Department of Health and Mental Hygiene

Section 3051 requires the Administrator to extend and expand the arrangements in effect as of January 1, 2008, with the NYC Department of Health and Mental Hygiene that provide for the World Trade Center Health Registry. The appropriation of $7 million is authorized for each fiscal year to carry out this section.

Section 3052 authorizes the Administrator to make grants to the NYC Department of Health and Mental Hygiene to provide mental health services to address mental health needs relating to the 9/11 terrorist attacks on the WTC. Authorizes the appropriation of $8.5 million for each fiscal year to carry out this section.

Title II. September 11 Victim Compensation Fund of 2001

Title II would re-open the September 11 Victim Compensation Fund, which was created by 49 U.S.C. 40101 note, and which was closed to new claims as of December 22, 2003. It adds new categories of beneficiaries and sets new filing deadlines. In particular:

Section 201 opens the Fund to four new categories of beneficiaries:

- those who did not become aware that they suffered physical harm from the terrorist attacks until after the original deadline (December 22, 2003);
- those who did not realize they were eligible to make a claim until after the original deadline;
- those who had previously filed a timely claim but suffered significantly greater harm than was known at the time of filing; and
- those who become eligible to make a claim by virtue of other sections of this Act (see *infra*).

For these claimants there are new deadlines. Generally this will be two years after the date of enactment. For those in the first and third categories above, however, it will be two years after the individual acquires the requisite knowledge, provided that this occurs within five years of enactment.

Section 202 acts in the nature of a conforming amendment for the above new categories, by loosening the existing prohibition on second claims.

Section 203 clarifies the existing law by defining the previously undefined "immediate aftermath" (of the terrorist attacks) as extending through July 31, 2002. Thus, anyone who was present at these sites before that date and suffers physical harm as a result is eligible to make a claim.

Section 204 expands the population of eligible claimants by (a) replacing the phrase "at the World Trade Center, (New York, New York), the Pentagon (Arlington, Virginia), or" with "in the New York City disaster area (as defined in section 3009 of this Act), or any area (such as marine transport stations, barges, trucks in transit, and Fresh Kills in Staten Island, and including loading, unloading, sorting, and sifting areas) at which debris from the former World Trade Center was handled, at the Pentagon (Arlington, Virginia), or at," and (b) adding emergency responders, area residents and other individuals as defined in sections 3011(a) and 3021(a) of this Act.

Section 205 provides limited coverage for additional individuals who are diagnosed at a Clinical Center of Excellence with an identified WTC-related health condition but would otherwise not be a claimant under provisions for residents and other non-responders. Total payments for such claimants could not exceed $50 million and these payments could not be made for items or services provided under Title I of this Act. If the Special Master determines that $50 million is not adequate to pay claims under this title, the Special Master would be required to establish criteria for the distribution of this amount among the claimants eligible under this section of the Act.

Section 206 provides that the federal government will indemnify, defend, and hold harmless all contractors and subcontractors, including any general contractor, construction manager, prime contractor, or any parent, subsidiary, affiliated company, or joint venture thereof, and the City of New York, for any and all pending and future claims and actions, and any and all liability arising from or related to the rescue and recovery efforts and the debris removal, clean-up, remediation, and response to the WTC collapse and disaster subsequent to the terrorist-related aircraft crashes of September 11, 2001, whether the claims, actions, and liabilities are for compensatory or punitive damages, for contribution or indemnity, or for any other form or type of relief. If insurance coverage exists for these claims, actions, or liabilities, the United States has the right to seek recovery for any payments made under this section from the insurer. No indemnification payment will be made under this section that duplicates payments made under Title I of this Act.

In addition, these provisions will not apply to the City of New York unless, within 30 days of enactment of the bill, the City provides for the dissolution of the WTC Captive Insurance Company and pays all remaining funds of the company back to the U.S. Treasury. These payments are required to be credited against expenditures made under Title II of the Act.